

KentuckyHistoricalSociety

Kentucky Oral History Commission
100 W. Broadway • Frankfort, KY 40601
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Kentucky Oral History Commission Interview Information Form

Interviewee information:

Last Name:	
First Name:	
Middle Name:	
Maiden Name:	
City, State of residence:	
Birth Date (M/D/Y):	
Place of Birth:	
Occupation:	
Mother's Name:	
Father's Name:	

Interviewer information:

Last Name:	
First Name:	
Middle Name:	
Maiden Name:	
Address:	
City/State/Zip:	
Phone:	
Email:	

Synopsis: Please describe topical content of the interview in 3-5 sentences.

Keywords: Please list 3 or more subjects discussed in the interview.

Interview location (for example, "interviewee's home"; address not necessary):

Format of interview (please check one):

- ☐ 60-min. cassette ☐ 90 min. cassette ☐ 120 min. cassette ☐ mp3 ☐ wav
- ☐ MiniDisc ☐ MiniDV ☐ DVD ☐ Other (please specify):

Length of interview (in minutes):

Number of tapes or CDs (if applicable):

Interviewee requests a copy of the interview: ☐ yes ☐ no

Proper Names:

Below, please spell out any proper names (people, places, organizations, etc) that come up during the course of the interview. Note: You may want to jot down names as they come up, but wait until the end of the interview to ask the interviewee for spellings, so as not to break up the flow of conversation.